

Montessori School of Florence

510 W. Palmetto St. ☐ Florence, SC 29501

Application Form

Please enclose a non-refundable fee of \$75 and return with the application in the envelope provided. A classroom observation and interview are part of our application process. Please call for an appointment during school office hours (8:00 a.m. – 4:00 p.m.) at 629-2920.

PERSONAL

Name of Child _____

Social Security Number _____

Address _____

City, State, and Zip _____

Home Phone _____

Home e-mail Address _____

Age at Date of Application _____ Sex _____ Date of Birth _____

Grade at Date of Application _____

Has your child attended another school? _____ If so, where? _____

Please have the previous school forward any available records.

Do you anticipate having need of our Before/After School Care program? _____

Father's Name _____

Educational Background _____

Occupation _____

Company Name and Phone _____

Mother's Name _____

Educational Background _____

Occupation _____

Company Name and Phone _____

Financial Guarantor _____

Relationship to Child _____

Social Security Number _____

Company Name _____

How did you hear about our program? _____
(omit for children over age of 6)

DEVELOPMENTAL HISTORY

Started crawling? _____
Walked alone? _____
Named objects? _____
Talked in sentences? _____
Fed self with spoon? _____
Toilet trained? _____
Which hand does child use? _____
Can your child say: his/her name _____ his/her address _____
his/her telephone number _____ tie his/her shoes _____

USUAL DAY PATTERN

(omit for children over age of 6)

Time child arises _____
Number of hours child sleeps _____
Does child nap? How long? _____
Best play period _____
Favorite outdoor activity _____
Favorite indoor activity _____
Time spent with mother _____
Time spent with father _____
Time spent with other adult _____

LANGUAGE ABILITY

(omit for children over age of 6)

Single words - months? _____
Phrases - months? _____
Complete sentences - months? _____
Has child had hearing tested? _____
Has child had vision tested? _____

HEALTH HISTORY

General health _____
Allergies _____
Contagious diseases _____
Is child on medication? Specify _____

BEHAVIORAL CHARACTERISTICS

General temperament

Usual mode of misbehavior

Does child become angry easily?

Who is responsible for discipline?

What type of discipline is used?

Child's reaction to mother's discipline

Child's reaction to father's discipline

Do parents share roles in raising child?

Does child have particular fears?

How are these fears manifested?

Is child shy, passive, or confident in new situations?

FAMILY HISTORY

Does child have siblings?

Names and ages

Do parents live together?

If not, which parent does child live with?

Other adults in household

Has the family moved frequently?

Do you have a special talent such as painting, playing a musical instrument, or hobby to share with us? _____

What is it? _____

Other pertinent information:

For Office Use Only:

Date received _____

Fee